

MEDICARE GEOGRAPHIC CLASSIFICATION REVIEW BOARD

2003 ALTERNATIVE CRITERIA APPLICATION FOR AN INDIVIDUAL NECMA HOSPITAL REQUESTING GEOGRAPHIC RECLASSIFICATION EFFECTIVE FEDERAL FISCAL YEAR 2005

GENERAL INSTRUCTIONS

GENERAL

An individual hospital located in a New England County Metropolitan Area (NECMA) that wants to be reclassified to another urban area may file an application with the Medicare Geographic Classification Review Board (Board). A hospital may apply under the criteria at 42 C.F.R. § 412.230 and/or under the alternative criteria at 42 C.F.R. § 412.236. This package addresses the latter (42 C.F.R. § 412.236).

Generally, a hospital whose application is approved by the Board under the alternative criteria at 42 C.F.R. § 412.236 will be reclassified for both the wage index value and the standardized amount. Reclassifications granted by the Board for the Standardized Amount will be effective for Federal Fiscal Year (FFY) 2005 (October 1, 2004 through September 30, 2005) and reclassifications for the Wage Index will be effective for a 3-year period, FFYs 2005 through 2007 (October 1, 2004 through September 30, 2007).

However, if the hospital is applying in 2003 (for FFY 2005 reclassification) to the same area to which the hospital is already reclassified for the wage index for FFY 2005 as part of a 3-year wage index reclassification, then the Board will reclassify the hospital only for the Standardized Amount. In such cases, reclassification has already been secured for the wage index for FFY 2005 to the requested area under the prior 3-year reclassification.

As discussed in the Proposed Hospital Inpatient PPS Rule found in the May 19, 2003 Federal Register (68 Fed. Reg. 27192), the Office of Management and Budget (OMB) issued revised standards for defining MSAs in a December 27, 2000 Federal Register notice (65 Fed. Reg. 82228). In that notice, OMB indicated that it planned to announce new definitions of “Core Based Statistical Areas” (CBSAs), based on new standards and the Census 2000 data, in calendar year 2003 (by the middle of 2003). However, because CMS will not have completed its analysis of the new CBSAs by the due date for filing applications for reclassifications for FFY 2005 (September 2, 2003), the Proposed Rule instructs hospitals to base their applications for reclassifications by the Board on the current MSAs (see Tab 1).

The Board ordinarily issues an on-the-record decision. However, the Board may hold an oral hearing on its own motion or if the applicant hospital demonstrates to the Board's satisfaction that an oral hearing is necessary. The Board will issue all its decisions no later than 180 days after the deadline for receipt of the applications. The deadline for receipt of the applications is September 2, 2003.

Hospitals are encouraged to review the criteria in 42 C.F.R. § 412.236 (as well as 42 C.F.R. § 412.230) before submitting an application.

HOSPITALS WITH SPECIAL STATUS

Some Sole Community Hospitals (SCHs) will lose their special status when the Board reclassifies them to a Metropolitan Statistical Area (MSA) or NECMA for purposes of the standardized amount. Before applying for reclassification, these hospitals should evaluate and determine whether geographic reclassification will affect their special status. For a detailed discussion, see the Federal Registers of September 6, 1990, Vol. 55, No. 173, page 36762; June 4, 1991, Vol. 56, No. 107, pages 25482-25484; and August 30, 1991, Vol. 56, No. 169, pages 43200-43202. A hospital needing further information concerning SCH issues should call either Linda McKenna (410) 786-4537 or Maria Navarro (410) 786-4553 of the Centers for Medicare & Medicaid Services (CMS) Hospital & Ambulatory Policy Group.

THE APPLICATION

Hospitals must complete the application in this package. If hospitals do not use this application or if they fail to provide the required information, the Board may dismiss their requests for reclassification. Submission of inappropriate documentation will delay Board review.

The application consists of a series of questions and requests for information and an affidavit that an appropriate official must sign on behalf of the hospital. The hospital must also submit several attachments, all of which are specified in the instructions and application.

If a hospital has a primary and alternative (or secondary) request, it must submit complete applications for both. The hospital should not combine the applications into one package, and it should clearly mark each application as primary, secondary, etc.

FILING AN APPLICATION

A complete application package consists of an original and two legible unbound copies of the application and its attachments. The Board does not accept applications submitted through the facsimile process or by other electronic means, nor does it accept applications completed in pencil, i.e., applications must be typed or clearly printed in ink.

The Board must receive all application packages by **5:00 p.m. EDT, September 2, 2003**. The Board will dismiss a hospital's request for reclassification if it does not receive the completed application by this deadline. The Board may, for good cause and at the request of the hospital, grant a hospital that has submitted an application by September 2 an extension beyond this date to complete the application.

Hospitals must send an original and two copies of their completed application to **the Board's mailing address**:

**Medicare Geographic Classification Review Board
2520 Lord Baltimore Drive
Suite L
Baltimore, Maryland 21244-2670**

Hospitals may want to send their application by a delivery method that guarantees a signed receipt, indicating delivery and date of delivery of their packages to the Board. The same address for the Board is applicable for both U.S. mail and courier service. Applications submitted to CMS or any other address may be delayed and not received timely by the Board.

Hospitals must simultaneously send a copy of their completed application, including a cost report, if applicable, to:

Centers for Medicare & Medicaid Services
Center for Medicare Management
Hospital & Ambulatory Policy Group
Division of Acute Care
7500 Security Boulevard
Mail Stop C4-08-06
Baltimore, Maryland 21244-1850
Re: MGCRB Application

The CMS Hospital & Ambulatory Policy Group address is also applicable for both U.S. mail and courier service. Again, applications submitted to CMS may be delayed and not received timely by the Board.

WITHDRAWALS AND TERMINATIONS

Hospitals may withdraw their applications for reclassification at any time before the MGCRB issues a decision. After a decision granting reclassification, hospitals may withdraw their reclassifications up to 45 days from the date of CMS's annual notice of proposed rulemaking for hospital inpatient prospective payment under Medicare. CMS publishes the notice in early spring and it specifies the final date by which the Board must receive a withdrawal request.

A hospital may request to terminate the second and/or third year(s) of a 3-year wage index reclassification. Similar to a withdrawal, a hospital's request to terminate the second and/or third year(s) of an approved 3-year wage index reclassification must be received by the MGCRB within 45 days of the publication of the annual notice of proposed rulemaking concerning changes to the inpatient hospital PPS and proposed payment rates for the fiscal year for which the termination is to apply.

A hospital which either withdraws or terminates a 3-year wage index reclassification may also cancel its withdrawal or termination within the timeframe for applying for a FFY 2005 or FFY 2006 reclassification in order to have the balance of its 3-year wage index value reclassification reinstated.

All withdrawal and termination requests as well as requests to cancel a withdrawal or a termination must be in writing and directed to the Board at the address given in the preceding section. Hospitals should also send a copy to the CMS Hospital & Ambulatory Policy Group at that Group's address listed above.

NOTE: The criteria for hospitals seeking to withdraw an application or to terminate an approved 3-year wage index reclassification are contained in 42 C.F.R. § 412.273. Applicants are encouraged to review that section of the federal regulations.

In addition, since this application and instructions have been developed prior to CMS's publication of the Hospital Inpatient PPS Final Rules, hospitals are also encouraged to review the Final Rules for changes, clarifications, or corrections to the criteria contained in 42 C.F.R. § 412.273 as well as the other criteria and conditions for geographic redesignation by the Board (see 42 C.F.R. § 412.230 to § 412.280). The Final Rules should be published in the Federal Register on or about August 1, 2003.

PLEASE READ THESE INSTRUCTIONS

BEFORE COMPLETING THE APPLICATION
MEDICARE GEOGRAPHIC CLASSIFICATION REVIEW BOARD

**2003 ALTERNATIVE CRITERIA APPLICATION FOR AN
INDIVIDUAL NECMA HOSPITAL REQUESTING
GEOGRAPHIC RECLASSIFICATION
EFFECTIVE FEDERAL FISCAL YEAR 2005**

**INSTRUCTIONS FOR COMPLETING
THE APPLICATION**

The application consists of a series of questions and a general affidavit. The application also lists several required attachments and the letter designations for these attachments. The hospital must complete the application by typing or printing its responses in ink.

The hospital must send the completed application, including all supporting documentation, so that the Board receives it by **5:00 p.m. EDT, September 2, 2003**. If the hospital or its representative fails to comply with this deadline, the Board will dismiss the hospital's request for reclassification. The Board does not accept applications submitted through the facsimile process or by other electronic means.

It is important that the hospital read these instructions before it fills in the application. Also, inasmuch as the Final Hospital Inpatient PPS Rules could alter the provisions that are contained in the Proposed Rule, hospitals may want to review the Final Rules before completing and submitting an application.

I. HOSPITAL INFORMATION

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. The hospital must indicate the mailing address the Board should use for all correspondence. The hospital should also show the person (and telephone number) the Board should contact if it has questions about the application.

II. RECLASSIFICATION REQUEST

5. The hospital should use identification numbers obtained from Tab 1.

III. GENERAL INFORMATION

6. If the hospital is already reclassified for the wage index value for FFY 2005 as part of a 3-year wage index reclassification (either a 2001 application approved for FFY 2003 through FFY 2005, or a 2002 application approved for FFY 2004 through FFY 2006), it should check “Yes” in 6.A. and enter the name and identification number of the State, NECMA, or MSA that it is reclassified to in FFY 2005 in item 6.B. (The hospital may wish to refer to the appropriate Board Decision letter for either 2001 (for FFY 2003 through FFY 2005) or 2002 (for FFY 2004 through FFY 2006), that served as the basis for the hospital’s 3-year wage index reclassification, to obtain the name and identification number of the reclassified area.)
7. If the hospital “withdrew” or “terminated” its 3-year reclassification for the wage index value, it should check “Yes” to 7.A. If the hospital applied to cancel a Board approved “withdrawal” or “termination,” it should check “Yes” to 7.B.
8. If the hospital is also part of a group application, it should check “Yes” in 8.A. and enter the name of the County or NECMA in which the group is located in 8.B. If the hospital is also a part of a Statewide Wage Index Area application, it should check “Yes” in 8.C. A hospital may apply both individually and as a member of a group and/or a Statewide Wage Index Area application. The Board expects to rule on any Statewide Wage Index Area application first and then the Group application before it reviews any individual requests. Statewide Wage Index Area and Group instructions can be obtained by calling (410) 786-1174 or via the Internet at <http://cms.hhs.gov/providers/prrb/mgcinfo.asp>.
9. Section 401 of Public Law 106-113 amended Section 1886(d)(8) of the Social Security Act by adding paragraph E, which created a mechanism, separate and apart from the MGCRB, permitting an urban hospital to apply to be treated as being located in the rural area of the state in which the hospital is located. Hospitals that are reclassified as rural under Section 1886(d)(8)(E) (see 42 C.F.R. § 412.103) are not permitted to be reclassified through the MGCRB, effective October 1, 2000. If the hospital is separately applying for CMS approval under this provision, check “Yes” in 9.A. If the hospital’s request in 9.A. has been approved by CMS, check “Yes” in 9.B. and include a copy of the CMS approval letter under **Attachment A**. Questions concerning this provision should be directed to Margot Blige Holloway of the CMS Hospital & Ambulatory Policy Group at (410) 786-4642.

10. If “Yes,” attach rationale for oral hearing request under **Attachment B**.
11. Self-explanatory.

IV. ALTERNATIVE CRITERIA FOR HOSPITALS LOCATED IN A NECMA

12. The OMB, Statistical Policy Office, Office of Information and Regulatory Affairs issues definitions of CMSAs, PMSAs, MSAs, and NECMAs (known collectively as Metropolitan Areas). The most recent listing of Metropolitan Areas should be available in a number of libraries and State Data Centers. The hospital may also obtain the listing from the National Technical Information Service (NTIS) Document Sales at (800) 553-6847. The Accession Number is PB99-132698. The list is also available through the NTIS at www.ntis.gov.

A NECMA hospital applying under the alternative provision must demonstrate that under the criteria for designating MSAs in New England it would have been reclassified as part of another urban area. For example, using the metropolitan areas as defined in the 1990 census, a part of Washington County, Rhode Island, is included in the New London-Norwich, CT-RI MSA. However, under the criteria establishing NECMA boundaries, this area is included in a separate NECMA (that is, the Providence-Warwick-Pawtucket, RI NECMA). Under this guideline, a hospital located in the section of Washington County that is included in the New London-Norwich, CT-RI MSA may qualify for inclusion in the New London-Norwich, CT NECMA.

Attach the appropriate supporting pages under **Attachment C**.

AFFIDAVIT

The affidavit must be signed by an officer of the hospital, e.g., the Administrator, vice president for finance, etc. or by a corporate officer of the hospital’s parent corporation. The official signing the affidavit must have the authority to sign the application for geographic reclassification on behalf of the hospital. The affidavit must also be fully completed, notarized, signed, and submitted as part of a timely filed application. The Board may dismiss the hospital’s application if the officer’s signature is not on the affidavit of a timely submitted application.

The official is attesting to the veracity and correctness of the application under the penalty of perjury (28 U.S.C. § 1746).

TAB 1 - AREA NUMBERS - Applies to II.5. of the application.

TAB 1

MSA/AREA NUMBERS*

*** This final list of areas is based upon the June 30, 1998 revision from the Bureau of the Census.**

MSA/AREA NAME	NUMBER
ALABAMA	01
ALASKA	02
ARIZONA	03
ARKANSAS	04
CALIFORNIA	05
COLORADO	06
CONNECTICUT	07
DELAWARE	08
FLORIDA	10
GEORGIA	11
HAWAII	12
IDAHO	13
ILLINOIS	14
INDIANA	15
IOWA	16
KANSAS	17
KENTUCKY	18
LOUISIANA	19
MAINE	20
MARYLAND	21
MASSACHUSETTS	22
MICHIGAN	23
MINNESOTA	24
MISSISSIPPI	25
MISSOURI	26
MONTANA	27
NEBRASKA	28
NEVADA	29
NEW HAMPSHIRE	30
NEW MEXICO	32
NEW YORK	33
NORTH CAROLINA	34
NORTH DAKOTA	35
OHIO	36
OKLAHOMA	37
OREGON	38
PENNSYLVANIA	39
PUERTO RICO	40
SOUTH CAROLINA	42
SOUTH DAKOTA	43
TENNESSEE	44
TEXAS	45
UTAH	46
VERMONT	47
VIRGINIA	49
WASHINGTON	50
WEST VIRGINIA	51
WISCONSIN	52
WYOMING	53

MSA/AREA NAME	NUMBER
ABILENE, TX	0040
AGUADILLA, PR	0060
AKRON, OH	0080
ALBANY, GA	0120
ALBANY-SCHENECTADY-TROY, NY	0160
ALBUQUERQUE, NM	0200
ALEXANDRIA, LA	0220
ALLENTOWN-BETHLEHEM-EASTON, PA	0240
ALTOONA, PA	0280
AMARILLO, TX	0320
ANCHORAGE, AK	0380
ANN ARBOR, MI	0440
ANNISTON, AL	0450
APPLETON-OSHKOSH-NEENAH, WI	0460
ARECIBO, PR	0470
ASHEVILLE, NC	0480
ATHENS, GA	0500
ATLANTA, GA	0520
ATLANTIC-CAPE MAY, NJ	0560
AUBURN-OPELIKA, AL	0580
AUGUSTA-AIKEN, GA-SC	0600
AUSTIN-SAN MARCOS, TX	0640
BAKERSFIELD, CA	0680
BALTIMORE, MD	0720
BANGOR, ME	0733
BARNSTABLE-YARMOUTH, MA	0743
BATON ROUGE, LA	0760
BEAUMONT-PORT ARTHUR, TX	0840
BELLINGHAM, WA	0860
BENTON HARBOR, MI	0870
BERGEN-PASSAIC, NJ	0875
BILLINGS, MT	0880
BILOXI-GULFPORT-PASCAGOULA, MS	0920
BINGHAMTON, NY	0960
BIRMINGHAM, AL	1000
BISMARCK, ND	1010
BLOOMINGTON, IN	1020
BLOOMINGTON-NORMAL, IL	1040
BOISE CITY, ID	1080
BOSTON-WORCESTER-LAWRENCE-LOWELL-BROCKTON, MA-NH	1123
BOULDER-LONGMONT, CO	1125
BRAZORIA, TX	1145
BREMERTON, WA	1150
BROWNSVILLE-HARLINGEN-SAN BENITO, TX	1240
BRYAN-COLLEGE STATION, TX	1260
BUFFALO-NIAGARA FALLS, NY	1280
BURLINGTON, VT	1303
CAGUAS, PR	1310
CANTON-MASSILLON, OH	1320

MSA/AREA NAME	NUMBER
CASPER, WY	1350
CEDAR RAPIDS, IA	1360
CHAMPAIGN-URBANA, IL	1400
CHARLESTON-NORTH CHARLESTON, SC	1440
CHARLESTON, WV	1480
CHARLOTTE-GASTONIA-ROCK HILL, NC-SC	1520
CHARLOTTESVILLE, VA	1540
CHATTANOOGA, TN-GA	1560
CHEYENNE, WY	1580
CHICAGO, IL	1600
CHICO-PARADISE, CA	1620
CINCINNATI, OH-KY-IN	1640
CLARKSVILLE-HOPKINSVILLE, TN-KY	1660
CLEVELAND-LORAIN-ELYRIA, OH	1680
COLORADO SPRINGS, CO	1720
COLUMBIA, MO	1740
COLUMBIA, SC	1760
COLUMBUS, GA-AL	1800
COLUMBUS, OH	1840
CORPUS CHRISTI, TX	1880
CORVALLIS, OR	1890
CUMBERLAND, MD-WV	1900
DALLAS, TX	1920
DANVILLE, VA	1950
DAVENPORT-MOLINE-ROCK ISLAND, IA-IL	1960
DAYTON-SPRINGFIELD, OH	2000
DAYTONA BEACH, FL	2020
DECATUR, AL	2030
DECATUR, IL	2040
DENVER, CO	2080
DES MOINES, IA	2120
DETROIT, MI	2160
DOTHAN, AL	2180
DOVER, DE	2190
DUBUQUE, IA	2200
DULUTH-SUPERIOR, MN-WI	2240
DUTCHESS COUNTY, NY	2281
EAU CLAIRE, WI	2290
EL PASO, TX	2320
ELKHART-GOSHEN, IN	2330
ELMIRA, NY	2335
ENID, OK	2340
ERIE, PA	2360
EUGENE-SPRINGFIELD, OR	2400
EVANSVILLE-HENDERSON, IN-KY	2440
FARGO-MOORHEAD, ND-MN	2520
FAYETTEVILLE, NC	2560
FAYETTEVILLE-SPRINGDALE-ROGERS, AR	2580
FLAGSTAFF, AZ-UT	2620

MSA/AREA NAME	NUMBER
FLINT, MI	2640
FLORENCE, AL	2650
FLORENCE, SC	2655
FORT COLLINS-LOVELAND, CO	2670
FORT LAUDERDALE, FL	2680
FORT MYERS-CAPE CORAL, FL	2700
FORT PIERCE-PORT ST. LUCIE, FL	2710
FORT SMITH, AR-OK	2720
FORT WALTON BEACH, FL	2750
FORT WAYNE, IN	2760
FORT WORTH-ARLINGTON, TX	2800
FRESNO, CA	2840
GADSDEN, AL	2880
GAINESVILLE, FL	2900
GALVESTON-TEXAS CITY, TX	2920
GARY, IN	2960
GLENS FALLS, NY	2975
GOLDSBORO, NC	2980
GRAND FORKS, ND-MN	2985
GRAND JUNCTION, CO	2995
GRAND RAPIDS-MUSKEGON-HOLLAND, MI	3000
GREAT FALLS, MT	3040
GREELEY, CO	3060
GREEN BAY, WI	3080
GREENSBORO--WINSTON-SALEM--HIGH POINT, NC	3120
GREENVILLE, NC	3150
GREENVILLE-SPARTANBURG-ANDERSON, SC	3160
HAGERSTOWN, MD	3180
HAMILTON-MIDDLETOWN, OH	3200
HARRISBURG-LEBANON-CARLISLE, PA	3240
HARTFORD, CT	3283
HATTIESBURG, MS	3285
HICKORY-MORGANTON-LENOIR, NC	3290
HONOLULU, HI	3320
HOUMA, LA	3350
HOUSTON, TX	3360
HUNTINGTON-ASHLAND, WV-KY-OH	3400
HUNTSVILLE, AL	3440
INDIANAPOLIS, IN	3480
IOWA CITY, IA	3500
JACKSON, MI	3520
JACKSON, MS	3560
JACKSON, TN	3580
JACKSONVILLE, FL	3600
JACKSONVILLE, NC	3605
JAMESTOWN, NY	3610
JANESVILLE-BELOIT, WI	3620
JERSEY CITY, NJ	3640
JOHNSON CITY-KINGSPORT-BRISTOL, TN-VA	3660

MSA/AREA NAME	NUMBER
JOHNSTOWN, PA	3680
JONESBORO, AR	3700
JOPLIN, MO	3710
KALAMAZOO-BATTLE CREEK, MI	3720
KANKAKEE, IL	3740
KANSAS CITY, MO-KS	3760
KENOSHA, WI	3800
KILLEEN-TEMPLE, TX	3810
KNOXVILLE, TN	3840
KOKOMO, IN	3850
LA CROSSE, WI-MN	3870
LAFAYETTE, LA	3880
LAFAYETTE, IN	3920
LAKE CHARLES, LA	3960
LAKELAND-WINTER HAVEN, FL	3980
LANCASTER, PA	4000
LANSING-EAST LANSING, MI	4040
LAREDO, TX	4080
LAS CRUCES, NM	4100
LAS VEGAS, NV-AZ	4120
LAWRENCE, KS	4150
LAWTON, OK	4200
LEWISTON-AUBURN, ME	4243
LEXINGTON, KY	4280
LIMA, OH	4320
LINCOLN, NE	4360
LITTLE ROCK-NORTH LITTLE ROCK, AR	4400
LONGVIEW-MARSHALL, TX	4420
LOS ANGELES-LONG BEACH, CA	4480
LOUISVILLE, KY-IN	4520
LUBBOCK, TX	4600
LYNCHBURG, VA	4640
MACON, GA	4680
MADISON, WI	4720
MANSFIELD, OH	4800
MAYAGUEZ, PR	4840
MCALLEN-EDINBURG-MISSION, TX	4880
MEDFORD-ASHLAND, OR	4890
MELBOURNE-TITUSVILLE-PALM BAY, FL	4900
MEMPHIS, TN-AR-MS	4920
MERCED, CA	4940
MIAMI, FL	5000
MIDDLESEX-SOMERSET-HUNTERDON, NJ	5015
MILWAUKEE-WAUKESHA, WI	5080
MINNEAPOLIS-ST. PAUL, MN-WI	5120
MISSOULA, MT	5140
MOBILE, AL	5160
MODESTO, CA	5170
MONMOUTH-OCEAN, NJ	5190

MSA/AREA NAME	NUMBER
MONROE, LA	5200
MONTGOMERY, AL	5240
MUNCIE, IN	5280
MYRTLE BEACH, SC	5330
NAPLES, FL	5345
NASHVILLE, TN	5360
NASSAU-SUFFOLK, NY	5380
NEW HAVEN-BRIDGEPORT-STAMFORD-DANBURY-WATERBURY,CT	5483
NEW LONDON-NORWICH, CT	5523
NEW ORLEANS, LA	5560
NEW YORK, NY	5600
NEWARK, NJ	5640
NEWBURGH, NY-PA	5660
NORFOLK-VIRGINIA BEACH-NEWPORT NEWS, VA-NC	5720
OAKLAND, CA	5775
OCALA, FL	5790
ODESSA-MIDLAND, TX	5800
OKLAHOMA CITY, OK	5880
OLYMPIA, WA	5910
OMAHA, NE-IA	5920
ORANGE COUNTY, CA	5945
ORLANDO, FL	5960
OWENSBORO, KY	5990
PANAMA CITY, FL	6015
PARKERSBURG-MARIETTA, WV-OH	6020
PENSACOLA, FL	6080
PEORIA-PEKIN, IL	6120
PHILADELPHIA, PA-NJ	6160
PHOENIX-MESA, AZ	6200
PINE BLUFF, AR	6240
PITTSBURGH, PA	6280
PITTSFIELD, MA	6323
POCATELLO, ID	6340
PONCE, PR	6360
PORTLAND, ME	6403
PORTLAND-VANCOUVER,OR-WA	6440
PROVIDENCE-WARWICK-PAWTUCKET, RI	6483
PROVO-OREM, UT	6520
PUEBLO, CO	6560
PUNTA GORDA, FL	6580
RACINE, WI	6600
RALEIGH-DURHAM-CHAPEL HILL, NC	6640
RAPID CITY, SD	6660
READING, PA	6680
REDDING, CA	6690
RENO, NV	6720
RICHLAND-KENNEWICK-PASCO, WA	6740
RICHMOND-PETERSBURG, VA	6760
RIVERSIDE-SAN BERNADINO, CA	6780

MSA/AREA NAME	NUMBER
ROANOKE, VA	6800
ROCHESTER, MN	6820
ROCHESTER, NY	6840
ROCKFORD, IL	6880
ROCKY MOUNT, NC	6895
SACRAMENTO, CA	6920
SAGINAW-BAY CITY-MIDLAND, MI	6960
ST. CLOUD, MN	6980
ST. JOSEPH, MO	7000
ST. LOUIS, MO-IL	7040
SALEM, OR	7080
SALINAS, CA	7120
SALT LAKE CITY-OGDEN, UT	7160
SAN ANGELO, TX	7200
SAN ANTONIO, TX	7240
SAN DIEGO, CA	7320
SAN FRANCISCO, CA	7360
SAN JOSE, CA	7400
SAN JUAN-BAYAMON, PR	7440
SAN LUIS OBISPO-ATASCADERO-PASO ROBLES, CA	7460
SANTA BARBARA-SANTA MARIA-LOMPOC, CA	7480
SANTA CRUZ-WATSONVILLE, CA	7485
SANTA FE, NM	7490
SANTA ROSA, CA	7500
SARASOTA-BRADENTON, FL	7510
SAVANNAH, GA	7520
SCRANTON--WILKES-BARRE--HAZLETON, PA	7560
SEATTLE-BELLEVUE-EVERETT, WA	7600
SHARON, PA	7610
SHEBOYGAN, WI	7620
SHERMAN-DENISON, TX	7640
SHREVEPORT-BOSSIER CITY, LA	7680
SIOUX CITY, IA-NE	7720
SIOUX FALLS, SD	7760
SOUTH BEND, IN	7800
SPOKANE, WA	7840
SPRINGFIELD, IL	7880
SPRINGFIELD, MO	7920
SPRINGFIELD, MA	8003
STATE COLLEGE, PA	8050
STEUBENVILLE-WEIRTON, OH-WV	8080
STOCKTON-LODI, CA	8120
SUMTER, SC	8140
SYRACUSE, NY	8160
TACOMA, WA	8200
TALLAHASSEE, FL	8240
TAMPA-ST. PETERSBURG-CLEARWATER, FL	8280
TERRE HAUTE, IN	8320
TEXARKANA, TX-TEXARKANA, AR	8360

MSA/AREA NAME	NUMBER
TOLEDO, OH	8400
TOPEKA, KS	8440
TRENTON, NJ	8480
TUCSON, AZ	8520
TULSA, OK	8560
TUSCALOOSA, AL	8600
TYLER, TX	8640
UTICA-ROME, NY	8680
VALLEJO-FARIFIELD-NAPA, CA	8720
VENTURA, CA	8735
VICTORIA, TX	8750
VINELAND-MILLVILLE-BRIDGETON, NJ	8760
VISALIA-TULARE-PORTERVILLE, CA	8780
WACO, TX	8800
WASHINGTON, DC-MD-VA-WV	8840
WATERLOO-CEDAR FALLS, IA	8920
WAUSAU, WI	8940
WEST PALM BEACH-BOCA RATON, FL	8960
WHEELING, WV-OH	9000
WICHITA, KS	9040
WICHITA FALLS, TX	9080
WILLIAMSPORT, PA	9140
WILMINGTON-NEWARK, DE-MD	9160
WILMINGTON, NC	9200
YAKIMA, WA	9260
YOLO, CA	9270
YORK, PA	9280
YOUNGSTOWN-WARREN, OH	9320
YUBA CITY, CA	9340
YUMA, AZ	9360